

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-022655

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

541

Registrar's No.

1385

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

CLAYTON

Length of stay in 1b

D O A

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY
OR TOWN

Arnold

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

RALPH

First

Middle

Last

LAYTON

4. DATE
OF DEATH

Month

Day

Year

April 26 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

10-13-22

9. AGE (last birthday)

38 40

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Barber

10b. KIND OF BUSINESS OR INDUSTRY

Self Employed

11. BIRTHPLACE (City and state or country)

Dunklin Co. Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Walter Layton

13b. MOTHER'S MAIDEN NAME

Mabel Bowman

14. NAME OF HUSBAND OR WIFE

Billie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. M. Johnson Williamville, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple skull fractures

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was: female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT - SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

1 car accident (driver)

20c. TIME OF INJURY
Hour Month, Day, Year
11:45 p.m. 4/25/6320d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

highway

20f. CITY, TOWN, OR LOCATION

COUNTY

St. Louis

STATE

Missouri

21. I attended the deceased from _____, to _____ and last saw her alive on _____.
Death occurred at DOA Co. Hosp. 12:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Raymond H. Hand Coroner

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

5/6/63

23a. BURIAL, CREMATION,
REMOVAL

23b. DATE

4-28-63

23c. NAME OF CEMETERY OR CREMATORY

Memorial Garden

23d. LOCATION (City, town, or county)

Poplar Bluff Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Cottrell Poplar Bluff Mo.

25. DATE RECD. BY LOCAL REG.

4-26-63

26. REGISTRAR'S SIGNATURE

John B. Murphy

JUN 1 1961

MAY 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank Prokop

Licensed Embalmer No. 4356

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
• If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
• If this body is not embalmed, fact should be so stated above.